

# PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the ISSUE FEE Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

RICHARD J. GODLEWSKI  
PATENT ATTORNEY  
P.O. BOX 2256  
WEST LAFAYETTE, IN 47906

33N1/0320

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Timothy A. Chuter

Street Address

44 Taxter Road

City, State and ZIP Code

Irvington, NY 10533

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/159,774

11/30/93

024

BRITTINGHAM, D

3308

03/20/95

First Named Applicant

CHUTER,

TIMOTHY A.

TITLE OF INVENTION

EXPANDABLE TRANSLUMINAL GRAFT PROSTHESIS FOR REPAIRS OF ANEURYSM AND METHOD FOR IMPLANTING

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

3

PA5047EWC

623-001.000

J81

UTILITY

NO

\$1210.00

06/20/95

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Richard J. Godlewski

2

3

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090 RJ 07/20/95 08159774

142 1,210.00 CK

090 RJ 07/20/95 08159774

561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Cook Incorporated

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Bloomington, Indiana

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 10

6b. The following fees should be charged to:

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(ENCLOSE PART C)

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the issue fee to the application identified above.

(Authorized Signature)

Richard J. Godlewski June 20, 1995

(Date)

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PART C—CHARGE TO DEPOSIT ACCOUNT

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3000.521

1. CORRESPONDENCE

33N1/0320

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R 46

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/159,774	11/30/93	024	BRITTINGHAM, D	3308 03/20/94
First Named Applicant	CHUTER, TIMOTHY A.			

TITLE OF INVENTION  
EXPANDABLE TRANSLUMINAL GRAFT PROSTHESIS FOR REPAIRS OF ANEURYSM AND METHOD FOR IMPLANTING

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
13 PA5047FWC	623-001.000	J81	UTILITY	NO	\$1210.00	06/20/95

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(Authorized Signature)

Richard Godlewski June 20, 1994

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